INFORMED CONSENT ADDENDUM FORM

ID NUMBER: □□□□ FORM CODE: A I C R DATE: 11/9/21

ADMINISTRATIVE INFORMATION

0a. Completion Date: □□/□□/□□/□□ □□. Staff ID: □□□

Instructions: This form is completed by project staff after the initial study informed consent is signed.

A. CONSENT STATUS

1. Agree to allow information related to the delivery of my hearing aids and the hearing program to be included as part of my (or the participant I represent) research study record.

   □ A = Agree
   □ N = do NOT agree

2. Agree to participate (or to the participant I represent participating) in the extended follow-up visit(s) with the additional data collection.

   □ A = Agree
   □ N = do NOT agree

3. Agree to allow the Principal Investigators and ACHIEVE study team members to use data about my (or the participant I represent) hearing aid provided by the hearing aid manufacturer for study-related purposes.

   □ A = Agree
   □ N = do NOT agree